

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

JUDGE'S COPY

JEFFERY P. MOSER,

Plaintiff,

Civil No. 1:00-CV-1846

v.

JURY TRIAL DEMANDED

KENNETH KYLER, et al.,

Defendants.

FILED
HARRISBURG

JUN 07 2001

MARY E. D'ANDREA, CL
Per.

DEPUTY CLERK

* Affidavit To Court In Support of Civil Action

I, Jeffrey Paul Moser, Plaintiff in THE A Captain matter
Seeks to the following:

1.) ON 5-24-2001 MOSER ENTERED A GRIEVANCE INTO RECORD WITH
THE GRIEVANCE COORDINATOR SCE-Huntington, (ABOUT A.D.A. DISCRIMINATIONAL ETC,
SEE EXHIBIT (B)) AND TO DATE IT GOES UNANSWERED AND UNDOCKETED IN
VIOLATION OF DC-RM-804, MOSER CONSIDERS THIS MORE EVIDENCE OF THE
DEFENDANT(S) EFFORT TO BLOCK MOSER DUE PROCESS, EXHAUSTION ATTEMPT(S).

2.) ON 6-5-01 GRIEVANCE WAS FILED BY MOSER, DOCUMENTING
AN ACT OF INDIFFERENCE AND FOR RETALIATION, (SEE EXHIBIT (B)) TOWARDS
THE PLAINTIFF AS A DIRECT RESULT OF THIS CIVIL ACTION. MOSER ASKS
THE HONORABLE COURT TO "ENTER" THIS AFFIDAVIT AND EXHIBIT INTO
HONORABLE COURT RECORD, AS MOSER BELIEVES THIS ACT OF DELIBERATE
INDIFFERENCE, WILL CAUSE HIM MUCH PAIN & SUFFERING, AS WELL MOSER
BELIEVES THE DEFENDANT(S) ARE ATTEMPTING TO STOP MOSER "LAWYER
ABILITY" TO LITIGATE THIS MATTER, AS DR. OPIDA A NEURO SPECIALIST
RECOMMENDED ONLY "A LARGE AMOUNT OF PROPTROPIC MEDICAL HEALTH
MEDICATIONS" FOR A BACK INJURY. A BLATANT ATTEMPT TO QUITE THE
PLAINTIFF VOICE IN THE HONORABLE COURT. MOSER HAS A DOCKETED ADVERSE
REACTION, AND WILL NOT TAKE MEDICATION, WHICH INTERVENTIONAL CAUSE
HIM "HARM", AT THE HANDS OF INDIFFERENT DEFENDANT(S).

* PLEASE ENTER ED TO RECORD ON THIS 5th DAY OF JUNE, 2001

* SWORN TOO BY: Jeffrey Paul Moser

Copy Forwarded (3)

DC-804
Part 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598**

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE of INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	

INSTRUCTIONS:

- INSTRUCTIONS:**

 - 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
 - 2 State your grievance in Block A in a brief and understandable manner.
 - 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

B. List actions taken and staff you have contacted, before submitting this grievance.

To sum up, every available effort is profit, the situation before and after.

Mr. : the medical Director S.C. - Hemingway

Dr. Erdmann (Leiter des Instituts)

Friedrich Conrad Wölker: Meissen 05. Februar 1860 - 20.12.1846

Based upon the 1995 Social Welfare Agency Act (in effect as of 1/1/1996) (4) Filings *

Conflict of interest between Fittery and Timely re capita dictio.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

EXHIBIT (A) (ii)

DC-804
Part 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598**

FOR OFFICIAL USE ONLY

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>2 of 2</i>	FACILITY: <i>Hospital</i>	DATE: <i>5 June 2011</i>
FROM: (INMATE NAME & NUMBER) <i>Jeff Meeke BE4713</i>	SIGNATURE of INMATE: <i>J. MEEKE</i>	
WORK ASSIGNMENT: <i>Dielectric Pictures</i>	HOUSING ASSIGNMENT: <i>EA-106</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
 2. State your grievance in Block A in a brief and understandable manner.
 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

I Direct Recolt Past and Present of my Legal Fight To Be Afirm Recommended
Medical Treatment By The Professional In This Field (Nurso-Surgery).
Dr. Kombe & Dr. opidu made THE same STATEMENT TO ME, "Nurso-surgeons did
ALL Do a Surgery So THEY CAN Profit From It Handfully" So THE (a) Doctors
Who ARE NOT TRAINED Surgeons (Nurso) Tell say one thing Is that, NURSO-SURGEONS
ARE Crooks and only Do IT For THE money, Not Because I'm in Need of THE operation
and medication To Relieve some of THE Pain and Correct THE Damage. If Doctor
THE Day, THIS matter Go's To Trial, and other Doctors will Get To Tell A JURY,
That all Nurso-Surgeons Are Crooks. THE TRUTH IS I was unjustly FORCED INTO
A Retaliatory situation Today, To "Save welford Healthcare money" So who
I Pardon Is THE Unethical and ILLEGAL one really. Dr. Kombe & Dr. opidu
Now, Above I have spoke to you That THE M.R.E. Shows Lesser me Great
Pain, They above THE situation will only Get worse over time, and They also
Above Is More Harming THE best treatment Is NO Treatment, Because IT IS THE
cheapest Treatment, and save welford money(Besides Patients Admit Decressing
expenses Health Care (Just like Dr. opidu) To take

B. List actions taken and staff you have contacted, before submitting this grievance.

(Certificate of service) I, J. R. MECH state the following
Present to J. B. C. 1746
1. Designate officer Mr. Barry
2. U.S. Dist. Ct. 6th
3. Received for Defendants. 6th

are submitting this grievance.
THIS FOREST OFFICE VISIT TODAY AS A
DIRECT ATTACK ON ME OF CARDIFF OFFICE.
I WILL DECLINE MEDICAL HEALTH INSURANCE
AS IT COULD WHICH TO BE DUGGED OUT OF
STOP SITTING ON THIS MATTER ALSO. DO NOT
ATTEMPTED BEFORE. PLEASE CONSIDER THIS
ANOTHER MATTER, NOT OF DELIBERATE
CARDIFF OFFICE TROUBLING ME. THANK

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

Ex. (A) (2)

DC-804

PART 1

Exhibit attached in support of
Examination (see - (B))COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598Dated /07/01
Searched _____
Serialized _____
Indexed _____
Filed _____
GRIEVANCE NO. _____

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. _____

TO: GRIEVANCE COORDINATOR <i>S. L. C. Headquarters (Int. Branch)</i>	INSTITUTION <i>S. L. C. H.</i>	DATE <i>5/24/01</i>
FROM: (Commitment Name & Number) <i>Jeffrey Masek BE4713</i>	INMATE'S SIGNATURE <i>Jeff Masek</i>	
WORK ASSIGNMENT <i>Dishweler Telephone</i>	QUARTERS ASSIGNMENT <i>EA-1006- DoubleD-up</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

A.D.A. (Request to DC-ADM 804 - VI (4)(F)) Grievance..

I was recently granted parole 3/20/01 and I am told I must place on a waiting list, awaiting a Bed Date for a short-term hospitalization program through the Medical Center. Under the authority of the PA Dept. of Corrections I strongly believe I am being discriminated against in this process. Due to my needs medical treatments & medications (i.e. Disabilities) as I see others who are NOT DISABLED, get Bed Dates in the near future and LEAVE Prison, why I am discriminated due to my needs and for Disabilities. I am authorized if I take medications and can make it through a short-term program (Admit) without a Doctor (if I take the proper medication) I should not continually be skipped over on the list in violation of (A.D.A. statute(s) 5711(c)(2) & 12132 § 12131, DC-ADM-804 (V) (E) and I ask for assistance and relief in this matter, Please see Exhibit

B. Actions taken and staff you have contacted before submitting this grievance:

I wish to get back to my own Doctor if needed.
Andy Wilson's Office, wrote Reme Kinney, wrote supervisor about
Kyle in residence, Satir to Dr. Kinney, U.S. Justice Dept. (Civil rights and
Constitutional Courts Office) (4) original documents have been forwarded (see attached)
and I have dealt with the Office of ombudsman (e.g. ccw.oa) Stewart Martin Director of the Ombudsman

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

Exhibit (B)

On this _____ day of _____ 2001

Jeffery Paul Moser BE 4713
1100 Pike Street SCIH
Huntingdon, PA. 16654-1112

RE: Disabled Person Requesting Assistance

Greetings:

My name is Jeffery Moser and I am presently incarcerated at S.C.I. Huntingdon, a Pennsylvania Correctional Facility. I am a 'Legally Disabled Person', qualified and approved by:

- a. Federal Medical Center, Fortworth, Texas
- b. Pennsylvania Department of Corrections, Camp Hill, Pa.
- c. Pennsylvania Disabilities Comm.
- d. Social Security Administration-Applicant
- e. Texas Disabilities Comm.-Applicant

My disabilities are due to a spine injury as well as some related mental issues. I am ambulatory at this point of my life, meaning at times I have been confined to a wheelchair, and if I don't receive my needed spinal fusion operation shortly I maybe back in a wheelchair. I must remain on medication to remain ambulatory, but hopefully, after my operation this won't be the case any longer. But for now, I require doctor supervision and medication.

I feel presently, that I am suffering from extreme prejudice & discrimination, due to my disabilities, at the hands of the Pennsylvania Dept. of Corrections. (Community Corrections Division; C.C.C. Region #'s 1, 2, 3)

In short, let me explain :

I was recently granted re-parole by the PA. Board of Probation & Parole (3/30/01) attached exhibit, with the expressed condition that I attend an 'in-patient' alcohol treatment (28 days), before returning home to my wife and children and my own doctors, in Reno Nevada. On parole, I'm instructed that I must be assigned a bed 'date' through the Region #1, C.C.C., 1335 Cheltham Ave. Elkin, PA. 19027, before I can leave prison on parole.

The problem is, to my understanding, it is a much longer wait for a disabled prisoner to get a 'bed date' and/or released date than a non-

disabled prisoner. So, to my understanding, because I am disabled and on medication, I will be placed, only after all the non-disabled prisoners, IF EVER !

I find this in violation of the Americans With Disabilities Act, 42 U.S.C. 12132; 42 U.S.C. 12131:

'Subject to the provision of this title, no qualified individual with a disability, shall, by reason of such disability, be excluded from participation in or denied the equal benefits of services, programs or activities of a public entity. 42 12132

and

'if a disabled prisoner satisfies all the eligibility requirements for some correctional service program or activity, A.D.A. prohibits state officials from discriminating against him or her, by reason of that disability. THIS MEANS STATE OFFICIALS ARE OBLIGATED TO MAKE REASONABLE MODIFICATIONS TO ENSURE THE DISABLED PRISONER IS GRANTED EQUAL ACCESS TO ALL D.O.C. PROGRAMS AND ACTIVITIES. 42 12131(2).

This was also brought to the attention of the United States Supreme Court in Yeskey v. Pa. Dept. of Corrections, 118 U.S. SCT. 1952(1998). Plain text of Title II of the Americans With Disabilities Act, unambiguously extends to state prison inmates. Furthermore, it is so stated in Federal Grant Requirements.

'if a program is federally funded in part or in whole, it must be A.D.A. compliant and not discriminate toward the disabled in any manner, or risk forfeiting said grants, funding and/or monies'

All these Depat.of Correction Programs, Community Correction Division, are in some manner, Federally Funded to my understanding.

So, I am asking your agency to enter into this situation, as an advocate on my behalf. Please investigate my claims and assist in anyway your agency possibly can to rectify this situation and stop the discrimination to me.

I presently have a lawsuit pending in part due to A.D.A. violation against the Dept.of Corrections, PA. Moser v. Kyler, 1:00-CU-01846 M.D.PA./ U.S. District CT.

It is not my intention to add this situation to the afore said civil action, it is my intention ONLY to get to an in-patient alcohol treatment program(28 days) as soon as possible so that I can complete the program and return home to my own doctors and receive my spinal operation, also to be reunited with my wife and small children, without further delay due to my disabilities and/or retaliation towards me as a result of this and other correspondence seeking assistance.

I am willing to co operate with any requirement for assistance you might have. Please let me know what I must do to gain your assistance.

I, pray for your help and support in this matter and patiently await your response.

Thank you for your time and consideration in this matter.

Respectfully yours,



Date: _____

Jeffery Moser
BE 4713 SCIH
1100 Pike Street
Huntingdon, PA. 16654-1112

NOTICE OF BOARD DECISION
PBPB-15 (6/96)

COMMONWEALTH OF PENNSYLVANIA
PENNA. BOARD OF PROBATION AND PAROLE

BH
Labor Act

DATE: 03/30/2001

CLIENT NAME: JEFFREY MOSER
INSTITUTION: SCI - HUNTINGDON

PAROLE NO: 6625W
INSTITUTION NO: BE4713

AS RECORDED ON 03/30/2001 THE BOARD OF PROBATION AND PAROLE RENDERED THE FOLLOWING DECISION IN YOUR CASE:

FOLLOWING AN INTERVIEW AND REVIEW OF YOUR FILE, THE PENNSYLVANIA BOARD OF PROBATION AND PAROLE HAS DETERMINED THAT THE FAIR ADMINISTRATION OF JUSTICE MAY BE ACHIEVED THROUGH YOUR RELEASE ON REPAROLE, AND SUBJECT TO YOUR COMPLIANCE WITH ALL OF THE TERMS AND CONDITIONS OF REPAROLE SUPERVISION. YOU ARE THEREFORE:

REPAROLED TO IN-PATIENT ALCOHOL AND OTHER DRUG TREATMENT PROGRAM. YOU SHALL ENTER INTO AND ACTIVELY PARTICIPATE IN THE IN-PATIENT TREATMENT PROGRAM UNTIL SUCCESSFULLY DISCHARGED BY THE PAROLE SUPERVISION STAFF. YOU SHALL ABIDE BY ALL THE ESTABLISHED RULES AND REGULATIONS OF THE IN-PATIENT TREATMENT PROGRAM. ANY VIOLATION OF THE PROGRAM RULES OR REGULATIONS MAY CONSTITUTE A VIOLATION OF PAROLE AND RESULT IN YOUR ARREST. YOU MUST SIGN AN APPROPRIATE RELEASE FORM FOR CONFIDENTIAL INFORMATION APPROVED HOME TO BE AVAILABLE PRIOR TO RELEASE IF PROGRAM LESS THAN 30 DAYS BEFORE YOU CAN BE RELEASED. YOU SHALL PROVIDE PROOF OF PAYMENT OF AT LEAST \$30.00 OF MANDATORY COURT COSTS IN ACCORDANCE WITH 18 P.S. (11.1101).

OUT-PATIENT ALCOHOL TREATMENT AS A SPECIAL CONDITION OF YOUR PAROLE SUPERVISION UNTIL THE TREATMENT SOURCE AND/OR PAROLE SUPERVISION STAFF DETERMINE IT IS NO LONGER NECESSARY. YOU SHALL BE REQUIRED TO SIGN THE

(CONTINUE ON

PAROLE VIOLATION MAX DATE: 05/28/2004
CC: DISTRICT ATTORNEY

Kathleen Zwierzyna

KATHLEEN ZWIERZYNA
BOARD SECRETARY

CLIENT COPY

JEFFREY MOSER
SCI - HUNTINGDON
1100 PIKE STREET
HUNTINGDON, PA

BE4713

16654-1112

CERTIFICATE OF SERVICE

I hereby certify that I have on this date served a copy of the below-referenced document(s) upon the person and in the manner indicated below:

Service by first class mail addressed as follows:

1.) Shawn P. Kenny Esq.
Office of Chief Counsel
55 Utley Drive
Camp Hill Pa. 17011

2.) Clerk of Courts
U.S. District Court
228 Walnut St.
P.O. Box 983
Harrisburg, Pa. 17108

3.) James D. Young Esq.
P.O. Box 1245
Harrisburg, Pa. 17108-1245

RE:

(Moser vs. Kyler et. al., 1:00-cv-1846)

6-JUNE 2001

DATED!

Jeffery Paul Moser
JEFFERY PAUL MOSER BE4713 (Plaintiff)
1100 Pike St.
Huntingdon, Pa. 16654-1112